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Date	8/96
Revised	

HYPERTENSIVE DISORDERS OF PREGNANCY

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- IV access titrated to perfusion as needed.
- Transport in left lateral position if greater than 16 weeks.
- For seizures, see seizure protocol.

NOTES:

- Pre-eclampsia is the presence of acute hypertension in a pregnant patient over 20 weeks gestation.
 It is diagnosed by continuous hypertension, not one elevated blood pressure. Findings suspicious for pre-eclampsia are systolic BP ≥ 140 mm Hg, diastolic BP ≥ 90 mm Hg; or, generalized edema (e.g., face, hands).
- Severe pre-eclampsia is manifested by systolic BP ≥ 160 mm Hg, diastolic BP ≥ 110 mm Hg; decreased urine output; persistent headache, visual disturbances; epigastric pain; pulmonary edema, or cyanosis.
- Eclampsia is manifested by generalized seizures or coma (in addition to symptoms/signs above).

Patient with suspected severe pre-eclampsia or eclampsia should be transported to facility with OB-GYN availability.

Shaded text indicates BH order Unshaded text indicates standing order